

United States District Court *FILED*
NORTHERN DISTRICT OF OHIOYusong Gong, Plaintiff

v.

Cleveland Clinic, Defendant(s)

2016 OCT 26 PM 12:13

APPLICATION TO PROCEED WITHOUT
PREPAYMENT OF FEES AND AFFIDAVIT

CASE NUMBER:

1 16 CV 2624

JUDGE PEARSON

I, Yusong Gong, swear or affirm under penalty of perjury that I am the (check appropriate box) petitioner/plaintiff/movant other

in the above-named proceeding, that I am unable to pay the costs of these proceedings, and that I believe I am entitled to the relief sought in the complaint/petition/motion. I further swear or affirm under penalty of perjury under United States laws that my answers on this form and any attachments are true and correct.

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0", "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name and the question number.

NOTE: You should be prepared to provide the Court with copies of documents that support or verify all of your answers to the questions in this application. A PRISONER seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional office showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, attach one certified statement of each account. (Prisoner Financial Application available at <http://www.ohnd.uscourts.gov/home/pro-se-information/>)

Signed: Yusong GongDate: 10/24/2016Print your Name: Yusong Gong

1. State the address of your legal residence. (If incarcerated, state the place of incarceration and prisoner ID number.)

4937 N. Ridgeside Cir. Ann Arbor, MI 48105Your daytime phone number: 734-972-1252

2. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate. Use gross amounts, that is the amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Self-employment	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Income from real property (such as rental income)	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Interest and dividends	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Gifts or inheritance	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Alimony	\$ <u>3218.50</u>	\$ <u>None</u>	\$ <u>3218.50</u>	\$ <u>None</u>
Child support	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>
Retirement (such as social security, pensions, annuities, insurance)	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>	\$ <u>None</u>

Disability (such as Social Security, insurance payments)	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Unemployment benefits	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Public assistance (such as welfare)	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Other (specify)	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>	\$ <u>none</u>
Total Monthly Income	\$0 <u>3218.50</u>	\$0	\$0 <u>3216.50</u>	\$0 <u>none</u>

3. Are you currently employed? Yes No Is your spouse currently employed? Yes No NO Spouse!

If incarcerated: Are you currently employed by jail/prison/correctional facility? Yes No

Do you receive payment from the jail/prison/correctional facility? Yes No

4. List your employment history, current or, if you are not currently employed, most recent employer first. (Gross monthly pay is calculated before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
Cleveland Clinic Foundation	9500 Euclid Ave	9/24/2012 to 8/11/2013	\$ 4000.00
University of Michigan	2. medical center dr.	4/15/2001 to 4/10/2002	\$ 3500.00

5. List your spouse's employment history, current or, if your spouse is not currently employed, most recent employer first. (Gross monthly pay is calculated before taxes or other deductions.) NO Spouse!

Employer	Address	Dates of Employment	Gross Monthly Pay
<u>NOT</u>	<u>Applicable</u>		

6. How much cash do you and your spouse have? \$ 4078.52

Below, state any money you or your spouse have in checking or savings accounts or in any other financial institution. If incarcerated, also include your prisoner accounts.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
Chase bank	checking	\$ 3527.25	\$ <u>NO</u>
chase bank	saving	\$ 551.27	\$ <u>NO</u>

7. List the assets, and their values, that you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Asset	Description	Value
a. Home	home	\$ <u>200,000</u>
b. Real Estate	none	\$ <u>none</u>
c. Motor Vehicle	Make and Year: <u>2010</u> Model: <u>camry</u> Registration #:	\$ <u>don't know</u>
d. Motor Vehicle	Make and Year: Model: Registration #:	\$ <u>NO</u>
e. Other Assets (for example, stocks, bonds, securities or other financial instruments)	none	\$ <u>NO</u>
f. Other Assets	none	\$ <u>NO</u>

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8. State every person, business or organization owing you or your spouse money, and the amount owed.

Who owes you or your spouse money?	Amount owed to you	Amount owed to your spouse
a.	\$	\$
b.	\$	\$
c.	\$	\$
d.	\$	\$

9. State the persons who rely on you or your spouse for support.

Name (Initials Only for Minor Children)	Relationship	Age	Amount Contributed Monthly for His/Her Support
a. Jason Zhang	Son	22, full time	\$ 500.00
b.			\$
c.			\$
d.		college student	\$

10. Estimate your average monthly expenses. Show separately the amounts paid by your spouse. Adjust any amount that was received weekly, bi-weekly, quarterly, semi-annually, or annually to show the monthly rate.

Expense	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$ 2,376.94 /month	\$
Are real estate taxes included?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included?		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, telephone)	\$ 340.00 /month	\$
Home maintenance (repairs and upkeep)	\$ <i>need about over \$10,000 as estimated</i>	\$ <i>no money to do it now</i>
Food	\$ ~ 400.00 /month.	\$
Clothing	\$ ~ 50 /month	\$
Laundry and dry cleaning	\$ <i>none</i>	\$
Medical and dental expenses	\$ ~ 6000 /year.	\$
Transportation (not including motor vehicle payments)	\$ <i>Gas. ~ 80 /month</i>	\$
Recreation, entertainment, newspapers, magazines, etc.	\$ <i>none</i>	\$
Total Monthly Insurance (not deducted from wages or included in mortgage payments)	\$ 0	\$ 0
Homeowner's or renters:	\$ 300 /year	\$
Life:	\$ 97.00 /year	\$
Health:	\$	\$
Motor Vehicle:	\$ 120. /month	\$
Other:	\$ <i>none</i>	\$
Taxes (not deducted from wages or included in mortgage payments) (specify): <i>income tax 2015</i>	\$ U.S. 1084 /year M.J. 1301 /year	\$

Installment payments		
Motor Vehicle:	\$ Non	\$
Credit Card(s) (name):	\$ <i>total: \$1749.88</i>	\$
<i>Chase Visa, Delta Amex Express, Visa Visa</i>		
Department Store(s) (name):	\$	\$
Other: <u>medical bill</u>	\$ over \$4000, not been paid	\$
Alimony, maintenance, and support paid to others	\$ None	\$
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ None	\$
Other (specify):	\$ None	\$
TOTAL MONTHLY EXPENSES:	\$ ₀ <i>~ 4200 average</i>	\$ ₀ ✓

11. Do you expect any major changes to your or your spouse's monthly income or expenses, or in your or your spouse's assets or liabilities during the next 12 months?

Yes No

If yes, describe on an attached sheet.

12. Have you paid – or will you be paying – an attorney any money for services in connection with this case, including the completion of this form?

Yes No

If yes, how much? \$ _____

If yes, state the attorney's name, address and telephone number:

13. Have you paid – or will you be paying – anyone other than an attorney (such as a paralegal or typist) any money for services with this case, including the completion of this form?

Yes No

If yes, how much? \$ _____

If yes, state the person's name, address and telephone number:

14. Provide any other information that will help explain why you cannot, or cannot without undue hardship, pay the fees or costs for this case.

Because of the pre-condition of injury, I have been unable to find any new job since the termination from Cleveland Clinic in 2013. I have been living on the Alimony and old savings for more than 3 years, ~~so~~ I have a college son live with me, depend me for room & food. I have no job, so unable to refinance my home to pay less mortgage. We only have one car & my son & I have to share to use.